



# TRANSMITTAL FORM

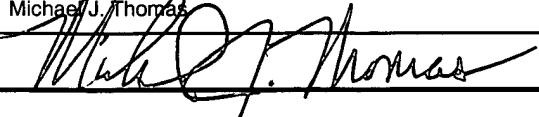
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/035,365
		<b>Filing Date</b>	December 28, 2001
		<b>First Named Inventor</b>	Horst, Gary E.
		<b>Group Art Unit</b>	2834
		<b>Examiner Name</b>	Nguyen, Tran N.
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	5260-000016/US

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Request for Continued Examination Transmittal Check in the amount of \$770 Return Receipt Postcard</b>			
	<b>Remarks</b> <div style="border: 1px solid black; padding: 5px;">           The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.         </div>			
	<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
	Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael J. Thomas	Reg. No. 39,857
	Signature			
	Date	November 26, 2003		

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Label No.: EV 298496896 US in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, Office, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: November 26, 2003

Typed or printed name	Michael J. Thomas
Signature	
Date	November 26, 2003

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